

**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Medical Appraisal & Revalidation Annual Board Report 2023/2024
<b>Board Lead</b>	Mr Andrew McLaren, Chief Medical Officer
<b>Author</b>	Sarah Klamut, Medical Appraisal & Revalidation Team
<b>Appendices</b>	Annual Board Report Appendix 1 - Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance
<b>Purpose</b>	Assurance
<b>Previously considered</b>	EMC 02.07.2024 SPC 08.07.2024

### Executive summary

Medical Appraisal and Revalidation is regulated through the General Medical Council and the Responsible Officer is required to report to the Trust Board in public on an annual basis with regards to compliance of connected doctors with the process.

The report is to provide assurance to the Trust Board that internal processes for Medical Appraisal and Revalidation are robust, and to report on the 23/24 activity.

Most important points.

- 1) Medical appraisal compliance.
- 2) Quality assurance and governance arrangements
- 3) Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance (Appendix 1 – separately attached).

There are no risks that the committee should be aware of.

The report was considered by the Executive Management Committee and the Strategic People Committee who recommended presentation to Trust Board and the signing of the statement of compliance.

<b>Decision</b>	The Board is asked to receive this report for information and note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the Chief Executive as required by NHS England.
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### Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
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### Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

### Implications / Impact

<b>Patient Safety</b>	The report has no direct impact on patients
<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	Principal Risk 6: Failure to deliver our People priorities
<b>Financial</b>	There is no financial implication in the report

<b>Compliance Governance</b> <small>Select an item.</small> <b>Good</b>	The Trust will continue to meet its compliance and legislative requirements
<b>Partnership: consultation / communication</b>	The report is not required to consult with any partnership
<b>Equality</b>	The report has no direct impact on equality
<b>Quality Impact Assessment [QIA] completion required?</b>	The report does not require a QIA

## 1 Introduction/Position

- 1.1 It is a requirement that the Trust Board receives an annual report on Medical Appraisal and Revalidation.
- 1.2 The purpose of the report is to update the Trust Board as part of the Responsible Officer (RO) regulations on arrangements within the Trust and performance in achieving compliance with the process.

## 2 Action required from the Board/Committee

- 2.1 The Board is requested to:
- a) Agree to the report.
  - b) The Chief Executive Officer is asked to sign a Statement of Compliance Appendix 1 Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance. This is to confirm the Trust has reviewed the content of the report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

## APPENDICES

Appendix 1:

**Annual Board Report  
Medical Appraisal and Revalidation  
Summary of 2023-2024 Appraisal Year**

<b>Lead executive</b>	<b>Mr Andrew McLaren, Chief Medical Officer, Responsible officer</b>
<b>Author</b>	<b>Sarah Klamut, Medical Quality &amp; Development Manager for Medical Appraisal &amp; Revalidation</b>
<b>Key Purpose</b>	<b>Assurance, Performance</b>

## Contents

<b>1. Executive summary</b>	<b>3</b>
<b>2. Purpose of the paper</b>	<b>4</b>
<b>3. Governance arrangements</b>	<b>4</b>
<b>4. Medical appraisal</b>	<b>5</b>
<b>5. Quality assurance</b>	<b>7</b>
<b>6. Access, Security &amp; confidentiality</b>	<b>9</b>
<b>7. Revalidation recommendations</b>	<b>10</b>
<b>8. Recruitment &amp; engagement, background checks</b>	<b>10</b>
<b>9. Monitoring performance</b>	<b>10</b>
<b>10. Responding to concerns &amp; remediation</b>	<b>11</b>
<b>11. Future developments</b>	<b>11</b>
<b>12. Recommendations</b>	<b>11</b>

**Appendix 1 - Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance (Appendix 1 – separately attached)**

## 1.0 Executive Summary

The Medical Appraisal and Revalidation report is part of the Trust's annual reporting to NHS England. The report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer (RO) are being appropriately and adequately discharged. The Trust has a statutory duty to support its RO in discharging their duties under the Responsible Officer Regulations.

- 1.1 This report covers the 2023/2024 Medical Appraisal activity from 01 April 2023 – 31 March 2024.
- 1.2 By the 31 March 2024 **541** Doctors had a GMC prescribed connection to the Trust for Medical Appraisal and Revalidation. This is a 11.27% increase from the previous year. Doctors with a prescribed connection include doctors with a Trust contract, Consultants, SAS doctors, Locally Employed doctors and bank doctors.
- 1.3 Arrangements are in place to ensure doctors are appraised and revalidated to a standard that meets the requirements of the RO regulations and are working effectively.
- 1.4 In the 2023/2024 appraisal year, **417** out of **541** GMC prescribed doctors were required to undertake a Medical Appraisal and **99.28% (414) of 417** doctors had a completed appraisal. This compares to 97% in 2022/23.
- 1.5 There are 3 doctors who have not had an appraisal in the 2023/2024 cycle. These doctors have been contacted individually and responded. Doctors are monitored to reach compliance.
- 1.6 A further 124 doctors were not expected to undertake an appraisal in the 2023/2024 appraisal year for legitimate reasons that the RO accepts. This includes new starters joining the organisation who are therefore not due an appraisal in this period and doctors on maternity leave/career break/sick leave.
- 1.7 The Trust are required to complete NHS England and NHS Improvement Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance (Appendix 1 – separately attached). The template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards. The date for submission of this report to NHS England is 31 October 2024.

## 2.0 Purpose of the Paper

2.1 The Trust has a statutory duty to support its RO in discharging their duties under the Responsible Officer Regulations and it is expected that the Board will oversee compliance by:

- Monitoring the frequency and quality of Medical Appraisals in the organisation.
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors.
- Confirming the feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.
- Ensuring that appropriate pre-employment background checks are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

2.2 It is a requirement that the Trust Board receives an annual report on Medical Appraisal and Revalidation.

2.3 The purpose of this report is to update the Trust Board as part of the RO regulations on arrangements within the Trust and performance in achieving compliance with the process.

2.4 The Board is asked to receive this report for information and note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the Chief Executive as required by NHS England.

## 3.0 Governance Arrangements

3.1 The management of Medical Appraisal and Revalidation is supported by the Medical Appraisal and Revalidation team. The team has access to GMC Connect to ensure that the list of doctors for whom the designated body (Buckinghamshire Healthcare NHS Trust) is responsible for is up to date. The GMC sends e-mail notifications when a doctor is added to the Trust's Designated Body list. These notifications are checked and any unexpected additions to the list are rejected or accepted as appropriate. The GMC has developed an online help tool, to assist doctors in identifying who they should have a prescribed connection with. For the majority of doctors, the prescribed connection is with the designated body where they undertake the majority of work.

Doctors on the GP Performers List for England connect to NHS England, and Junior doctors in Deanery training programmes connect to a post-graduate dean. Doctors registered with the General Dental Council (GDC) follow the GDC Annual Renewal process.

3.2 All complaints and concerns involving medical staff are notified to the RO.

- 3.3 Doctors must declare and reflect on all significant events and complaints relating to them in the previous 12 months as part of the annual appraisal process. The DATIX and complaints data is provided by the Medical Appraisal and Revalidation team prior to the appraisal allocated month.
- 3.4 A Medical Appraisal and Revalidation Policy is in place and was reviewed and agreed in January 2022 through the Trust’s policy approval processes. The Policy is due to be reviewed in January 2025.
- 3.5 Regular meetings are held with a GMC Employer Liaison Adviser to discuss local concerns/investigations concerning doctors, GMC cases, deferrals, and non-engagement recommendations.
- 3.6 A Standard Operating Procedure (SOP) for non-engagement with medical appraisal is in place Appendix 2. The SOP ensures that a consistent approach is followed for ‘chasing up’ doctors who have not undertaken an appraisal during the allocated month. For the Responsible Officer (RO) to make a notification of non-engagement, they must be assured that the doctor has been provided with sufficient opportunity and support to engage with appraisal but has failed to do so; and that there are no extenuating circumstances which would fully account for their failure to engage. A non-engagement recommendation to the GMC can only be made once all local systems and policies to facilitate the doctor to engage have been exhausted.

Appendix 2 - Standard Operating Procedure (SOP) for non-engagement



Standard Operating Procedure (SOP) for n

**4.0 Medical Appraisal**

- 4.1 The Medical Appraisal and Revalidation database is audited monthly against GMC Connect and ESR to record new starters and leavers and to ensure there is an accurate record of doctors requiring an annual appraisal.
- 4.2 All doctors with a prescribed GMC connection are allocated an appraisal month in which to have an appraisal. This is usually within 12 months of the last appraisal and in line with revalidation dates.
- 4.3 Medical Appraisal can be postponed or deferred if a doctor is off sick, on maternity leave, or is agreed in advance with the Medical Appraisal Lead.
- 4.4 Annual Medical Appraisal compliance is monitored by an online Medical Appraisal management system, L2P. Any compliancy concerns will be escalated to the Medical Appraisal Lead, SDU Leads and Care Group Chairs if necessary. Non-engagement concerns are discussed with the GMC, Medical Appraisal Lead and the RO and appropriate action taken.

- 4.5 All doctors connected to the RO are provided with access to an online Medical Appraisal management system. The system allows a doctor to assign an appraiser, book an appraisal meeting, complete the appraisal paperwork and add supporting information. All new starters are sent a welcome email from the Medical Appraisal and Revalidation team. This includes information on the appraisal platform, links to the L2P quick guide videos and the Trust's Medical Appraisal and Revalidation leaflet.
- 4.6 Doctors undertake a patient and colleague feedback exercise (required once in 5 years for revalidation). This is completed on the L2P system and includes an online patient feedback function. L2P collate the data and provide the doctor with a report for discussion/reflection at their appraisal. The feedback is due 2 years before the doctor's revalidation date to ensure it can be discussed and reflected on in an appraisal in time for revalidation. Doctors cannot be revalidated without feedback. Some doctors are exempt from patient feedback where there is no direct contact with patients.
- 4.7 The quality and consistency of Medical Appraisal relies heavily on the skills and the professionalism of Medical Appraisers. There are currently 60 Trust approved Medical Appraisers to deliver c 541 appraisals.

The increase of new doctors impacts on current appraiser capacity. The ratio of appraisers to number of doctors to be appraised is 7 per appraiser which continues to be a challenge. Some appraisers are undertaking more appraisals than they are being remunerated for. There is a reliance on the kindness of these appraisers to bridge the gap. This remains an ongoing risk to the Trust to provide appraisals on time.

Appraiser support has reduced due to retirements and by the need to reduce job plan PAs. Regulation of appraiser payments would improve volume and recruitment and retention of medical appraisers. Centralising the medical appraiser budget means appraisers could be paid directly rather than through the job plan which limits the number claimed. This would allow appraisers to undertake more appraisals and outside of core hours. Appraisers that undertake more would be paid fairly. This is an action in section 11.0 Future Developments.

2 training sessions for appraisers were held in 2023 by 'DoctorsTraining' an external training provider. The training focused on the development of PDPs and helping support colleagues reflect on their own wellbeing.

- 4.8 New starters particularly doctors who are out of training and those that have joined BHT as their first UK job are offered 1-1 help by the revalidation team to guide through the appraisal process and complete the online appraisal.



## 5.0 Quality Assurance

5.1 The use of the Medical Appraisal Quality Assurance Assessment Tool (MAQAAT) was stopped due to the increase in doctors requiring appraisals and the volume of supporting information that was required to be reviewed. It was also not possible to limit access to the management system for other appraisers to support the quality assurance process without giving full admin access.

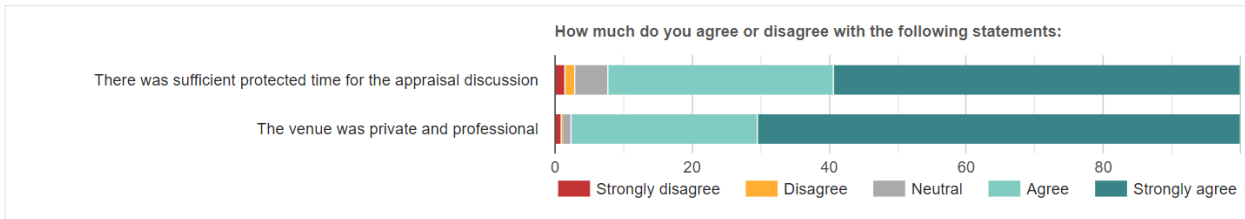
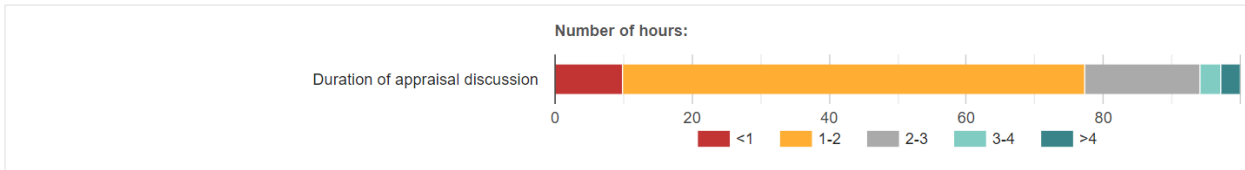
Quality assurance of appraisal is undertaken in several ways.

- All Medical Appraisals are reviewed and satisfied by the Medical Appraisal and Revalidation team for completeness of required information. Any concerning appraisals are flagged to the Medical Appraisal Lead for further review.
- Appraisals with missing information are referred back for doctors to resolve and resubmit for final review. In 2023/24 there were 93 appraisals referred back. This ensures the quality of medical appraisals is consistent and fair.
- A non-engagement standard operating procedure is in place. The SOP ensures that a consistent approach is followed for 'chasing up' doctors who have not undertaken an appraisal during the allocated month.
- The revalidation team send details of doctors due for revalidation to the Responsible Officer to review before a recommendation to the GMC is submitted.
- Checklists are built into the appraisal management system to help ensure appraisals contain the required information.
- Doctors are asked to complete a feedback questionnaire to provide a review of the appraisal and the supporting systems.
- Doctors must declare if they work in another NHS organisation or private practice by completing an external practice form and attach it to their appraisal. This is to confirm if there are any fitness to practice concerns.

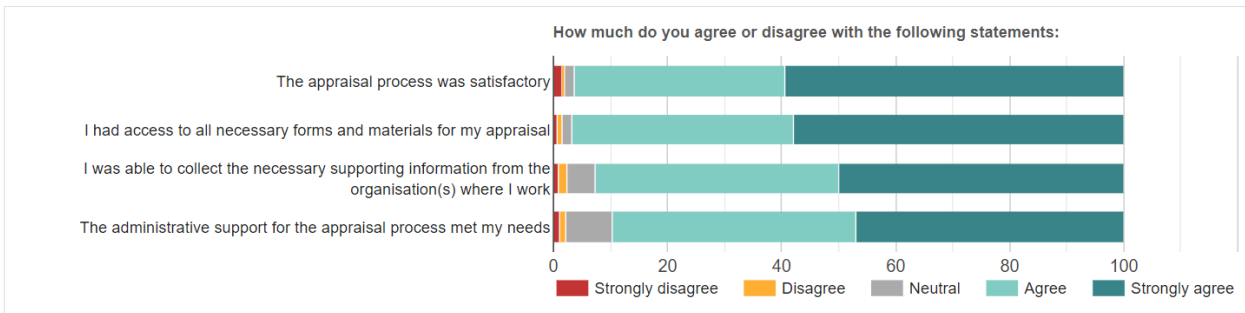
5.2 All doctors are encouraged to provide feedback on their appraisal meeting via an electronic survey provided by L2P. The results are provided to the appraisers annually and contribute towards the appraiser's own appraisal discussion. To maintain confidentiality feedback is only provided if the appraiser has 3 or more responses. Appraisers are encouraged to remind doctors to provide feedback.

## Appraisal feedback responses for 23/24

### Environment and timing

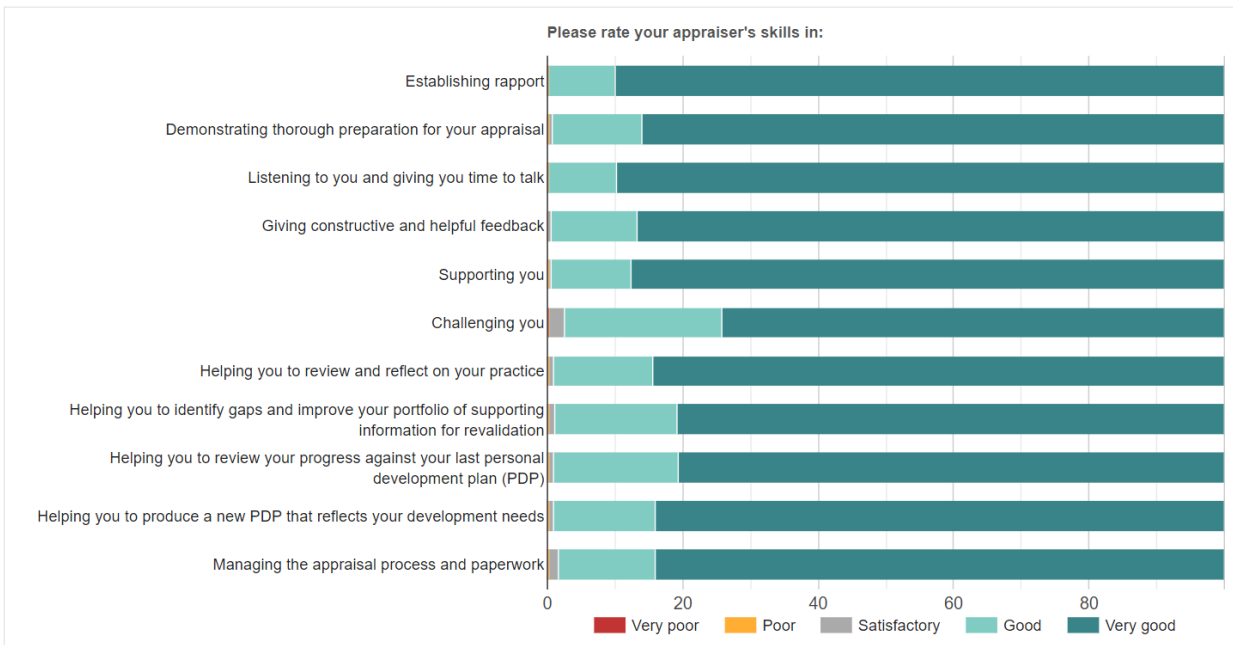


### Administration and management of the appraisal system



### Your appraiser

Please give your appraiser feedback for their personal development



Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	0%	10%	90%	4.89
Demonstrating thorough preparation for your appraisal *	0%	0%	0%	13%	86%	4.85
Listening to you and giving you time to talk *	0%	0%	0%	10%	90%	4.89
Giving constructive and helpful feedback *	0%	0%	0%	13%	87%	4.86
Supporting you *	0%	0%	0%	12%	88%	4.87
Challenging you *	0%	0%	2%	23%	74%	4.71
Helping you to review and reflect on your practice *	0%	0%	1%	15%	84%	4.83
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	0%	1%	18%	81%	4.79
Helping you to review your progress against your last personal development plan (PDP) *	0%	0%	1%	18%	81%	4.79
Helping you to produce a new PDP that reflects your development needs *	0%	0%	1%	15%	84%	4.83
Managing the appraisal process and paperwork *	0%	0%	1%	14%	84%	4.82

5.3 The Medical Appraisal and Revalidation team attend NHS England RO & Medical Appraisal Leads Network Meetings to keep up to date with NHS England and GMC activity.

5.4 The GMC Good Medical Practice (GMP) was updated in January 24. It sets out the standards of patient care and professional behaviour expected of all doctors in the UK, across all specialties, career stages and sectors.

The key changes are grouped under five themes.

- Creating respectful, fair and compassionate workplaces
- Promoting patient centred care
- Helping to tackle discrimination
- Championing fair and inclusive leadership
- Supporting continuity of care and safe delegation.

There is a link to the new GMP in the medical appraisal overall reflection section where doctors can refer to the guidance. The GMC Employer Liaison Adviser presented the changes to the GMP at the Leadership Briefing in April.

## 6.0 Access, security and confidentiality

6.1 Whilst the detail of an appraisal meeting is confidential to the appraiser and appraisee, the RO, Appraisal Lead and revalidation team have access to the documentation through the e-system. All doctors are required to comply with Trust policies for confidentiality and data security and must ensure that all patient and staff identifiers are removed prior to uploading any information into their appraisal.

6.2 Each doctor has their own electronic login for the appraisal platform.

6.3 When a doctor leaves the Trust, access to their records is removed from the online platform.

## **7.0 Revalidation Recommendations**

- 7.1 All revalidation recommendations are reviewed by the Revalidation Referral Group (RRG). The group members include the Chief Medical Officer/Responsible Officer, Deputy Chief Medical Officer, Care Group Chairs, Director of Medical Education, Medical Appraisal Lead, Speciality Doctor Tutor and Locally Employed Doctors Tutor.
- 7.2 The purpose of the Revalidation Referral Group (RRG) is to provide assurance to the board that there is a robust mechanism in place supporting the Responsible Officer with revalidation recommendations to the GMC. The RRG ensures that proposed doctors have met the criteria set out by the GMC prior to a recommendation being made.
- 7.3 Recommendations to defer a revalidation can be made when a doctor is engaged in the systems and processes that support revalidation but: there is incomplete information on which to base a recommendation to revalidate or they are participating in an ongoing local governance process. The number of revalidations deferred between 01 April 2023 and 31 March 2024 and agreed by the Responsible Officer was 7 doctors. 1 x maternity leave, 6 x insufficient supporting information and/or feedback evidence.

## **8.0 Recruitment and Engagement, Background Checks**

- 8.1 The Trust follows the NHS Employment Check Standards produced by NHS Employers for all recruitment of permanent and fixed term staff with a Trust contract.
- 8.2 In addition to a Trust Standard Employment reference, a transfer of information between designated bodies can be obtained for new appointments and doctors who have moved to another organisation. This is requested through the RO to RO teams and supports revalidation decisions.

Doctors working in another NHS organisation or private practice must declare such work in their appraisal scope of work. An external practice form must be completed and signed by the doctor where other work is undertaken and to confirm if there are any fitness to practice concerns. The form is available in the resources section of the appraisal management system. Any concerns declared are shared with the Responsible Officer.

- 8.3 GMC connect provides designated bodies with a connection history and establishes a doctor's movement within the medical field.

## **9.0 Monitoring Performance**

- 9.1 All doctors are professionally accountable to the Chief Medical Officer.

- 9.2 Monitoring performance is undertaken by Job planning, management of complaints via Datix and a medical HR casework tracker.
- 9.3 Significant events are recorded as part of the annual Medical Appraisal. Discussions are about how events have led to a specific change in practice or demonstrate learning.

## **10.0 Responding to Concerns and Remediation**

- 10.1 All medical conduct, capability and ill health concerns are managed with the support from the medical HR team. The Trust’s Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners – Maintaining High Professional Standards (MHPS) outlines the process for dealing with serious concerns which fall under these areas. Remediation is one remedy offered within the policy. The Trust also aims to deal with concerns informally and offers an internal mediation service.

## **11.0 Future Developments**

- 11.1 Improve recruitment and retention of medical appraisers.
- 11.2 Plans to regulate medical appraiser payments by centralising the appraiser budget and paying per appraisal rather than claims through job plans.
- 11.3 Medical Appraisal & Revalidation Policy to be reviewed and approved in January 2025.

## **12.0 Recommendations**

- 12.1 The board are asked to agree to this report.
- 12.2 The Chief Executive Officer is asked to sign a Statement of Compliance **Appendix 1** – (separately attached) NHS England and NHS Improvement Annex A Illustrative Designated Body Annual Board Report and Statement of Compliance (Appendix 1 – separately attached). This is to confirm the Trust has reviewed the content of the report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

*The content of this template is updated periodically so it is important to review the current version online at [NHS England » Quality assurance](#) before completing.*

- Section 1 – Qualitative/narrative
- Section 2 – Metrics
- Section 3 - Summary and conclusion
- Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

##### 1A – General

The board/executive management team of **Buckinghamshire Healthcare NHS Trust** can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	<b>None</b>
Comments:	<b>Mr Andrew McLaren GMC No. 3277294 is the Responsible Officer/ Chief Medical Officer</b>
Action for next year:	<b>None</b>

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	<b>Yes</b>
Action from last year:	<b>Strengthen funds for new appraiser training and updates for existing appraisers.</b>
Comments:	<b>Funds obtained to train a further 10 appraisers and 2 training sessions held.</b>

Action for next year:	<b>Due to 11.27 % increase in GMC prescribed connections since last year the focus will be to improve the recruitment and retention of medical appraisers.</b>
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1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	<b>None</b>
Comments:	<b>Continue to monitor medical appraisal &amp; revalidation GMC connect activity. Monthly audits undertaken against GMC Connect and the Trust Electronic Staff Record.</b>
Action for next year:	<b>None</b>

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	<b>None</b>
Comments:	<b>The Medical Appraisal &amp; Revalidation Policy is subject to review in January 2025. The job planning policy provides an opportunity for objectives agreed at appraisal to be incorporated into the job plan. The job planning policy will be reviewed in November 2025 The MHPS Maintaining High Professional Standards for raising concerns about a practitioner is due a review in November 2024 by Medical HR</b>
Action for next year:	<b>The Medical Appraisal &amp; Revalidation Policy to be reviewed and approved in January 2025. The MHPS Maintaining High Professional Standards policy is due a review in November 2024</b>

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	<b>None</b>
Comments:	<b>There is no requirement to have a peer review.</b>
Action for next year:	<b>None</b>

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	<b>None</b>
Comments:	<b>All short term / locum doctors are supported to take part in the Trust clinical governance processes and have access to training and library facilities to support their continuing professional development. The Appraisal team ensure that they are aware of their need to undertake appraisal &amp; revalidation and have an appropriate connection to a Responsible Officer and have a booked appraisal date.</b>

Action for next year	<b>None</b>
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## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:	<b>None</b>
Comments:	<b>Doctors are required to discuss complaints and DATIX at appraisal. All doctors must declare all external practice that is undertaken in addition to Trust work. This includes any work for other NHS trusts, voluntary and independent/private providers. An external practice form should be completed and attached to an appraisal detailing any complaints, incidents, or concerns.</b>
Action for next year:	<b>None</b>

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year	<b>None</b>
Comments:	<b>Covered in question 1B(i)</b>
Action for next year:	<b>None</b>

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year	<b>None</b>
Comments:	<b>There is a medical appraisal policy in place. Reviewed and approved in January 2022 by the Executive Management Committee.</b>
Action for next year:	<b>Policy to be reviewed January 2025</b>

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	<b>To source funding to recruit/train more appraisers.</b>
Comments:	<b>Funds sourced to train a further 10 appraisers. Appraiser support has reduced due to partial retirements and by the need to reduce job plan PAs.</b>
Action for next year:	<b>Improve recruitment and retention of medical appraisers</b>

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<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.



1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Action from last year:	<b>Source funding to provide a formal training session to existing appraisers to support &amp; maintain appraisal skills and competence. Increase pool of appraisers to quality assure appraisals.</b>
Comments:	<b>Provided 2 training sessions for existing appraisers. The use of the Medical Appraisal Quality Assurance Assessment Tool (MAQAAT) was stopped due to the increase in doctors requiring appraisals and the volume of supporting information that was required to be reviewed. It was also not possible to limit access to the management system for other appraisers to support the quality assurance process without giving full admin access. Standardising the quality of appraisal will continue with review and satisfied process, referring back appraisals with missing information, appraisal feedback and raising concerns to the appraisal lead.</b>
Action for next year:	<b>To recruit and retain more medical appraisers.</b>

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	<b>To collate quality assurance data to report to Board</b>
Comments:	<b>All Medical Appraisals are reviewed and satisfied by the Medical Appraisal and Revalidation team for completeness of required information. Appraisals with missing information are referred back for doctors to resolve and resubmit. In 2023/24 there were 93 appraisals referred back. This ensures the quality of medical appraisals is consistent and fair. Any concerns of the quality of appraisal are flagged to the Medical Appraisal Lead for further review. The focus this year has been on the development of PDPs and helping appraisers support colleagues to reflect on their own wellbeing. All doctors are encouraged to provide feedback on their appraisal meeting via the appraisal management system. Appraisal feedback data has been provided to the board as part of the Trust annual board report.</b>
Action for next year:	<b>Continue to review appraisals and refer back if necessary.</b>

### 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	<b>None</b>
Comments:	<b>All recommendations are submitted in a timely manner.</b>
Action for next year:	<b>None</b>

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	<b>None</b>
Comments:	<p><b>Doctors are supported to achieve revalidation readiness and discuss options to defer if required. All revalidation recommendations are reviewed by the Revalidation Referral Group (RRG). The RRG gives assurance to the board that there is a robust mechanism in place supporting the Responsible Officer with revalidation recommendations to the GMC. All doctors are contacted when a revalidation decision has or has not been made.</b></p> <p><b>A Standard Operating Procedure (SOP) for non-engagement with medical appraisal is in place. The SOP ensures that a consistent approach is followed for 'chasing up' doctors who have not undertaken an appraisal during the allocated month. For the Responsible Officer (RO) to make a notification of non-engagement, they must be assured that the doctor has been provided with sufficient opportunity and support to engage with appraisal but has failed to do so; and that there are no extenuating circumstances which would fully account for their failure to engage. A non-engagement recommendation to the GMC can only be made once all local systems and policies to facilitate the doctor to engage have been exhausted. Non engagement concerns are discussed with the RO and GMC ELA.</b></p>
Action for next year:	<b>None</b>

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	<b>None</b>
Comments:	<b>There are effective clinical governance processes in place for doctors.</b>
Action for next year:	<b>None</b>

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	<b>None</b>
Comments:	<p><b>Doctors are provided with information on complaints and DATIX for discussion at appraisal.</b></p> <p><b>The appraisal management system allows the RO to request a discussion at an appraisal where necessary.</b></p>
Action for next year:	<b>None</b>

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	<b>None</b>
Comments:	<b>Information is provided via the appraisal management system or email.</b>
Action for next year:	<b>None</b>

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	<b>None</b>
Comments:	<b>Any concerns regarding fitness to practise (FTP) are dealt with under the Conduct, capability, ill health and appeals policies and procedures for practitioners (MHPS Maintaining High Professional Standards) and managed by the Medical HR Team. concerns are discussed with the RO and GMC Employer Liaison Adviser (ELA). FTP concerns are reviewed and discussed with the GMC ELA.</b>
Action for next year:	<b>MHPS policy is due to be reviewed in November 2024.</b>

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Action from last year:	<b>None</b>
Comments:	<b>The Trust provide data in the Employee Relations PSED report (public sector equality duty). A bi-monthly report is provided to the Trust board.</b>
Action for next year:	<b>None</b>

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	<b>None</b>
Comments:	<b>Transfer of information - RO to RO is completed when a doctor connects to the Trust through GMC connect. There is a dedicated email address for all transferring information.</b>
Action for next year:	<b>None</b>

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Action from last year:	<b>None</b>
Comments:	<b>There are robust safeguard processes in place for responding to concerns about a doctor's practice. A Decision Management Group</b>

	<b>was introduced to review decisions around process in an anonymised manner to reduce bias and expand the number of individuals involved in such decisions. This group has been selected to improve diversity of decision making.</b>
Action for next year:	<b>None</b>

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Action from last year:	<b>N/A</b>
Comments:	<b>GIRFT national reviews are managed through clinical effectiveness board with ongoing review of model hospital data to track progress. National reports are presented to EMC and Trust board. For example – Ockendon report. Cultural work in maternity.</b>
Action for next year:	<b>None</b>

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	<b>N/A</b>
Comments:	<b>All staff have the opportunity to attend Trust Peaks Programme, which is ILM accredited. Service Delivery Unit (SDU) Development programme in place. Everyday HR Sessions were developed and launched during 2023/24</b>
Action for next year:	<b>Newly developed Managers Induction programme commences from June 2024</b>

## 1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:	<b>None</b>
Comments:	<b>Employment checks are undertaken by the medical HR team for all medical staff appointments.</b>
Action for next year:	<b>None</b>

## 1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	<b>N/A</b>
Comments:	<b>Team job planning is used to ensure consistency and expectation for clinical activity to ensure high professional standards with a culture of transparency and collaboration. The Trust has a system of monthly excellence awards and is implementing the patient</b>

	<b>serious incident response framework to ensure learning and to improve quality.</b>
Action for next year:	<b>None</b>

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	<b>N/A</b>
Comments:	<b>CARE values and Framework in place. ED&amp;I steering Group reviews overall Trust position in relation to ED&amp;I matters and receives regular reports / updates from Network groups across the Trust (BAME group, Disability network, Filipino network, LGBTQ+ network, mental health network, Women's network etc). The EDI team now sit on Policy Review Groups; reviewing policies and EQIAs, An Employment Relations Triage is in place, with all cases anonymised to eliminate unconscious bias, overseen by a panel. The Talent for Care Team developed a SOP for inclusive learning that targets neurodiverse and disabled colleagues, ensuring equitable access to training opportunities.</b>
Action for next year:	<b>The Trust has also launched its breakthrough objective for 24/25, which is all about Civility &amp; Respect. "Improve everyone's experience of working at BHT by taking a zero-tolerance approach to bullying, becoming best in class in the staff survey within 2 years"</b>

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	<b>N/A</b>
Comments:	<b>The Trust behaviour framework provides our CARE values and our leadership behaviours. The Trust CARE values serve our ambition to keep the purpose of care at the heart of how we relate to patients, and how we relate to colleagues. A team of Freedom to Speak up Guardians help colleagues to raise concerns safely. Learning from concerns is key to improving patient safety and quality of care. Our Freedom To Speak Up Guardian team is supported at Board level by our Chief People Officer and by one of our Non-Executive Directors.</b>
Action for next year:	<b>None</b>

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	<b>N/A</b>
Comments:	<b>Development and launch of a new Resolution Policy, which replaces the Grievance Policy and the Dignity &amp; Respect Policy. Maintaining High Professional Standards (MHPS) processes are overseen by a non-executive director linked to the doctor. There is a formal complaints procedure as part of the Policy on Responding to Concerns, Complaints and Compliments.</b>
Action for next year:	<b>None</b>

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Action from last year:	<b>N/A</b>
Comments:	<b>The Trust discusses all its cases with the PPA. Cases for medical staff are low, but ethnicity is reviewed as part of the overall WRES and WDES reporting. Any exclusions are shared with Private Board bi-monthly.</b>
Action for next year:	<b>None</b>

## 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	<b>N/A</b>
Comments:	<b>The Medical Appraisal and Revalidation team attend NHS England RO &amp; Medical Appraisal Leads Network Meetings to keep up to date with NHS England and GMC activity.</b>
Action for next year:	<b>None</b>

## Section 2 – metrics

Year covered by this report and statement: 1April 2023 - 31March 2024

All data points are in reference to this period unless stated otherwise.

### 2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March 2024	<b>541</b>
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### 2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	<b>414</b>
Total number of appraisals approved missed	<b>124</b>
Total number of unapproved missed	<b>3</b>

## 2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	<b>124</b>
Total number of late recommendations	<b>0</b>
Total number of positive recommendations	<b>124</b>
Total number of deferrals made	<b>5</b>
Total number of non-engagement referrals	<b>0</b>
Total number of doctors who did not revalidate	<b>5</b>

## 2D – Governance

Total number of trained case investigators	<b>46</b>
Total number of trained case managers	<b>34</b>
Total number of new concerns registered	<b>1</b>
Total number of concerns processes completed	<b>2</b>
Longest duration of concerns process of those open on 31 March	<b>N/A no cases open on 31st March</b>
Median duration of concerns processes closed	<b>N/A</b>
Total number of doctors excluded/suspended	<b>0</b>
Total number of doctors referred to GMC	<b>0 by the Trust 2 by the public</b>

## 2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	<b>363</b>
Number of new employment checks completed before commencement of employment	<b>0</b>

## 2F Organisational culture

Total number claims made to employment tribunals by doctors	<b>2</b>
Number of these claims upheld	<b>Not applicable as not yet concluded</b>
Total number of appeals against the designated body's professional standards processes made by doctors	<b>0</b>
Number of these appeals upheld	<b>0</b>

## Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report	
<ul style="list-style-type: none"> <li>• <b>Sourced funds for new appraiser training and updates for existing appraisers- funding will provide 10 training places following strategy to recruit more appraisers.</b></li> <li>• <b>To collate quality assurance data to report to Board – provided board with appraisal feedback data for this period. The data includes appraisee feedback on environment and timing of appraisal, administration, and management of the appraisal system.</b></li> </ul>	
Actions still outstanding	
<ul style="list-style-type: none"> <li>• <b>Increase pool of appraisers to quality assure appraisals – The use of the Medical Appraisal Quality Assurance Assessment Tool (MAQAAT) was stopped due to the increase in doctors requiring appraisals and the volume of supporting information that was required to be reviewed. It was also not possible to limit access to the management system for other appraisers to support the quality assurance process without giving full admin access. Standardising the quality of appraisal will continue with review and satisfied process, referring back appraisal with missing information, appraisal feedback and raising concerns to the appraisal lead.</b></li> </ul>	
Current issues	
<ul style="list-style-type: none"> <li>• <b>Appraiser support has reduced due to retirements and by the need to reduce job plan PAs. Need to recruit and retain more appraisers.</b></li> </ul>	
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):	
<ul style="list-style-type: none"> <li>• <b>Improve recruitment and retention of medical appraisers.</b></li> <li>• <b>The Medical Appraisal &amp; Revalidation Policy to be reviewed and approved in January 2025.</b></li> </ul>	
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges, and aspirations for the coming year):	
<p><b>Arrangements are in place to ensure doctors are appraised and revalidated to a standard that meets the requirements of the RO regulations. Due to 11.27 % increase in GMC prescribed connections since last year there is a need to recruit more appraisers. Regulating the medical appraiser budget means appraisers could be paid directly rather than through the job plan which limits the number claimed. This would allow appraisers to undertake more appraisals and outside of core hours. Appraisers that undertake more without remuneration would be paid fairly.</b></p>	

## Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	<b>Buckinghamshire Healthcare NHS Trust</b>
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Name:	<b>Mr Neil McDonald</b>
Role:	<b>Chief Executive Office</b>
Signed:	



Date:	
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**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Guardian of Safe Working Hours – Annual Report
<b>Board Lead</b>	Bridget O’Kelly, Chief People Officer
<b>Author</b>	Nav Bahal, Guardian of Safe Working Hours, Bridget O’Kelly, Chief People Officer
<b>Appendices</b>	Appendix 1 & 2: Data Tables
<b>Purpose</b>	Assurance
<b>Previously considered</b>	Executive Management Committee 17.06.2024 Strategic People Committee 08.07.2024

**Executive summary**

This report has been provided to the Board as required by Schedule 6, Paragraph 4 of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016 (Version 11).

Exception reporting is a contractual mechanism which doctors in training can use to report patient safety, rostering and training concerns. There are two categories of reporting – exception reporting and immediate safety concerns.

The number of exception reports remained stable compared with 2022/23, indicating this may be the expected number of reports. Future reporting periods will outline whether this number of reports is either an outlier or reflective of both the challenges and reporting culture of the Trust.

The Guardian of Safe Working Hours has raised the lack of regional and national benchmarking with NHS Employers. The next National Guardian of Safe Working Hours Conference is in October 2024 and this remains an item on the agenda.

There are discrepancies in the demographics, grades and departments of those submitting reports compared with the junior doctor workforce as a whole. The Guardian of Safe Working Hours will follow this up to understand the drivers and report back to the Committee later in the year.

<b>Decision</b>	The Board is requested to note the content of this report		
<b>Relevant strategic priority</b>			
Outstanding Care <input type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
<b>Relevant objective</b>			
<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying	
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks		
<input checked="" type="checkbox"/> Improve safety through clinical accreditation			
<b>Implications / Impact</b>			
<b>Patient Safety</b>	No immediate concerns		
<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards		

	Principle Risk 6: Failure to deliver our People priorities
<b>Financial</b>	No implications.
<b>Compliance Health and Safety Regulation Safety</b>	The Trust is required to meet the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016
<b>Partnership: consultation / communication</b>	Liaising with rota co-ordinators, SDU leads, DME, FTSUG and Junior Doctor Forum. Promoting reporting culture amongst staff.
<b>Equality</b>	EDI data included
<b>Quality Impact Assessment [QIA] completion required?</b>	n/a

## 1. Introduction

This report has been provided to the Board as required by Schedule 6, Paragraph 4 of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016 (Version 9).

Exception reporting is a contractual mechanism which doctors in training can use to report patient safety, rostering and training concerns. There are two categories of reporting – exception reporting and immediate safety concerns.

Exception reports are submitted for a number of reasons including working over or under scheduled hours (starting early, leaving late); rest breaks not taken and missed educational opportunities.

Immediate Safety Concerns (ISCs) are a self-reported indication that there is an immediate and substantive risk to the safety of patients or of the doctor making the report. The threshold to submit such concerns is subjective.

The report summarises the progress made by the Trust in promoting a reporting culture amongst junior doctors, setting out where concerns have been raised and the steps that have been taken.

## 2. Reporting for f/y 2023-24

### 2.1. Summary of exception and ISC reporting in 2023-24

Reporting started in August 2016. The table below sets out the numbers of reports by each year since then.

Financial Year	Exception Reports	Immediate Safety Concerns
<b>2023-24</b>	<b>1144</b>	<b>128</b>
2022-23	1058	84
2021-22	503	24
2020-21	395	3
2019-20	458	15
2018-19	334	13
2017-18	446	10
2016-17* (Started in August 2016)	57	0

NB: The data in this report is from 6 April in the first year, to 5 April the following year. All future reports have been run from 1 April in the first year to 31 March the following

year, hence the small discrepancy in the numbers of immediate safety concerns reported (118 and 128).

The number of Exception Reports submitted this year is broadly in line with the previous period. The number of and proportion of Immediate Safety Concerns was higher (10.3% vs 7.9% in 22/23).

The number of Immediate safety concerns increased by 50% from the previous year. All Immediate Safety Concerns have been addressed with each doctor within their department.

The increased number of reports is partly explained by increased engagement with reporting software (Doctors have moved to Healthrota which allows them to report using their rota app), and encouragement from various bodies (such as the Junior Doctors' Forum) to promote a reporting culture. Cardiac & Stroke Receiving Unit (CSRU) is an area which has received a high number of reports for the last 2 years.

The majority of exception reports for last financial year were in relation to differences in hours worked, as can be seen from the table below.

Type of Report	Exception Reports
Difference in Number of Hours Worked	1094
Inadequate Support	22
Education	
<i>Clinic/theatre/session attendance cancelled</i>	2
<i>Unable to attend teaching</i>	26
<b>Total</b>	<b>1144</b>

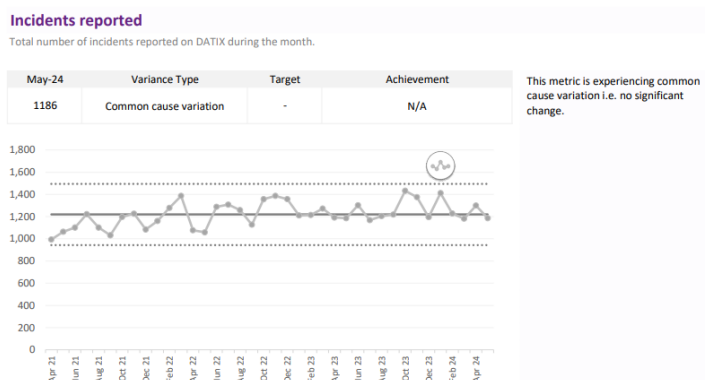
The type of issue related to immediate safety concerns is set out in the table below.

Type of Report	ISCs 23-24	ISCs 22-23
Education	3	5
Difference in Number of Hours Worked	107	60
Inadequate Support	8	14
Unable to take Breaks	-	5
<b>Total</b>	<b>118</b>	<b>84</b>

Immediate safety concerns should also be logged on the Trust datix system.

The statistical process control (SPC) chart shows the total number of incidents reported on the Trust datix system since April 2021.

There is no correlation between the overall number of datix incidents and the number of exception reports or immediate safety concerns.



## **2.2. Demographic analysis**

Detailed demographic analysis for gender and ethnicity is set out in Appendix 1.

Gender: overall, the proportion of female doctors in training submitting exception reports aligns with the gender profile of this group. However, the % of reports submitted by female doctors is lower than the % of female doctors in Grade FY2 overall. (See tables 1 and 2.)

Ethnicity: the percentage of exception reports submitted by doctors in training of a BAME background is higher than the percentage of doctors from a BAME background overall.

### **3. Departmental analysis: Cardiac and Stroke Receiving Unit (CSRU) Exception Reports**

A breakdown of exception reports by department is set out in Appendix 2.

CSRU was an outlier in number of Exception Reports submitted – with 247 reports in 2022/23 and 234 in 2023/24. The number of ISCs raised significantly in the last year (26 in 2023/24 compared with 7 in 2022/23).

Engagement with the CSRU Doctors in Training and the Department has resulted in plans to improve working conditions in the department.

### **4. Conclusions and next steps.**

The number of exception reports remained stable compared with 2022/23, indicating this may be the expected number of reports. Future reporting periods will outline whether this number of reports is either an outlier or reflective of both the challenges and reporting culture of the Trust.

The Guardian of Safe Working Hours has raised the lack of regional and national benchmarking with NHS Employers. The next National Guardian of Safe Working Hours Conference is in October 2024 and this remains an item on the agenda.

There are discrepancies in the demographics, grades and departments of those submitting reports compared with the junior doctor workforce as a whole. The Guardian of Safe Working Hours will follow this up to understand the drivers and report back to the Committee later in the year.

### **5. Action required from the Board**

The Board is requested to note the contents of this report.

## Appendices

### Appendix 1: Breakdown by demographic

**Table 1: Gender profile of doctors in training**

Grade	Female	Male	Total	% Female	% of DiT workforce
FY1	37	28	65	56.9%	23.7%
FY2	31	20	51	60.8%	18.6%
Specialty Training	90	65	155	58.1%	56.6%
Specialty Training LED	-	3	3		1.1%
<b>Total</b>	<b>158</b>	<b>116</b>	<b>274</b>	<b>57.7%</b>	<b>100.0%</b>

**Table 2: Gender profile of doctors submitting exception reports**

Grade	Female	Male	Total	% Female
FY1	332	248	580	57.2%
FY2	142	134	276	51.4%
Specialty Training	174	114	288	60.4%
<b>Total</b>	<b>648</b>	<b>496</b>	<b>1144</b>	<b>56.6%</b>

**Table 3: Ethnicity profile of doctors in training**

Ethnicity	Number	Percentage
White	134	49%
BAME	119	43%
Not stated or undisclosed	21	8%
<b>Total</b>	<b>274</b>	<b>100%</b>

**Table 4: Ethnicity profile of doctors submitting exception reports**

Ethnicity	Number	Percentage
White	442	39%
BAME	619	54%
Not stated or undisclosed	83	7%
<b>Total</b>	<b>1144</b>	<b>100%</b>

## Appendix 2: Breakdown by specialty and grade

**Table 5: Exception reports by speciality**

Specialty	Exception Reports
Emergency Medicine	137
General Medicine	814
<i>Acute Medicine</i>	74
<i>Amersham</i>	2
<i>BNRU</i>	4
<i>CSRU</i>	234
<i>Endocrine &amp; Diabetes</i>	73
<i>Gastroenterology</i>	42
<i>MFOP</i>	89
<i>MuDAS</i>	57
<i>Respiratory</i>	85
<i>Rheumatology</i>	7
<i>SDEC</i>	54
<i>On-call (Foundation Years)</i>	83
<i>On-call (IMT/CT)</i>	8
<i>On-Call (ST3+)</i>	2
General Surgery	74
Haematology	5
Obstetrics & Gynaecology	16
Ophthalmology	4
Paediatrics	41
Spinal Injuries	3
Trauma & Orthopaedics	43
Urology	2
Other	1
<b>Total</b>	<b>1140</b>

*BNRU - Buckinghamshire Neurorehabilitation Unit; CSRU - Cardiac and Stroke Receiving Unit; MFOP – Medicine for Older People; MuDAS - Multi-disciplinary Day Assessment Unit*

*General Medicine' is used for HealthRota reporting purposes, total is broken down by speciality.*

**Table 6: Immediate safety concerns by speciality**

Specialty	ISCs 23-24	ISCs 22-23
Emergency Medicine	4	12
General Medicine	92	43
<i>Acute Medicine</i>	9	1
<i>BNRU</i>	1	-
<i>CSRU</i>	26	7
<i>Endocrine &amp; Diabetes</i>	17	6
<i>Gastroenterology</i>	3	-
<i>MFOP</i>	4	3
<i>MuDAS</i>	2	-
<i>Respiratory</i>	6	8
<i>Rheumatology</i>	-	5
<i>SDEC</i>	7	-
<i>Ward 18</i>	2	-
<i>On-call (Foundation Years)</i>	11	13
<i>On-Call (IMT)</i>	1	-

<i>On-Call (ST3+)</i>	3	-
General Surgery	9	8
Obstetrics & Gynaecology	1	-
Ophthalmology	1	-
Paediatrics	2	6
Trauma & Orthopaedics	9	15
<b>Total</b>	<b>118</b>	<b>84</b>

**Table 7: Immediate Safety Concern – By Grade**

Grade	ISCs	% of total	ISCs
	23-24		22-23
FY1	84	71.2%	42
FY2	13	11.0%	17
CT1-3/SHO	18	15.3%	17
ST3+/SpR	3	2.5%	8
<b>Total</b>	<b>118</b>	100.0%	<b>84</b>



**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Freedom to Speak Up Annual Report 2023 – 2024 (FTSU)
<b>Board Lead</b>	Bridget O’Kelly – Chief People Officer
<b>Author</b>	Tracey Underhill Lead Freedom to Speak Up Guardian
<b>Appendices</b>	The FTSU Annual Report 2023 - 2024
<b>Purpose</b>	Assurance
<b>Previously considered</b>	Transformation Board 23.07.2024

### Executive summary

We want to achieve a robust consistent and resilient positive Speaking Up culture across BHT. This Freedom to Speak Up Annual Report (April 1<sup>st</sup> 2023 to 31<sup>st</sup> March 2024) provides an overview of some key areas of progress over the past year as well as an opportunity to consider the areas in which we still have work to do together. It also contains some national and local information relating to concerns as well as concerns related activity data and equality monitoring information. The report aims to summarise the improvement achieved over the past year and outlines our next steps. Key highlights are provided in the initial executive summary of the report.

#### **Why does this matter ?**

The ability for our BHT colleagues to feel able to Speak Up is so important as it underpins patient and staff safety and it correlates and helps with enhancing the learning culture and signals where there is strong psychological safety on which it depends. It also demonstrates where we are listening well. Getting this right helps to minimise risk, prevent harm, improving productivity through getting it right first time and helps us to have a happier workforce, free from the worry of raising matters that are concerning them.

<b>Decision</b>	The Board are requested to take assurance from this report.
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### Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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### Relevant objective

<input type="checkbox"/> Improve waiting times	<input type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input checked="" type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

### Implications / Impact

<b>Patient Safety</b>	Supporting staff to Speak Up safely is essential for a positive Speaking Up culture which critically underpins patient and staff safety.
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<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards Principal Risk 6: Failure to deliver People Priorities
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<b>Financial</b>	Human and financial costs when people are not supported to Speak Up, GIRFT, preventable errors cost and loss of staff costs.
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<b>Compliance</b>	CQC Well Led, NHSE FTSU Board Guidance and Policy
<b>Partnership: consultation / communication</b>	FTSUGs work collaboratively across Trusts, at regional and nationally to share best practice.
<b>Equality</b>	Concerns raised can highlight unfairness and inequalities, highlight discriminatory practice
<b>Quality Impact Assessment [QIA] completion required?</b>	N/A

# Freedom to Speak Up Annual Report

01 April 2023 to 31 March 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



# Changing the mindset

**We all have a voice that counts**

**Speaking up is a gift because it gives an opportunity for improvement.**

**# SPEAK UP LISTEN UP FOLLOW UP**  
*MAKE YOUR #SPEAKUPPLEDGE*

National Guardian  
Freedom to Speak Up

[www.nationalguardian.org.uk](http://www.nationalguardian.org.uk)

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## A message from our Chief Executive



*“Our Freedom To Speak Up service is fundamental to our organisation and plays a critical role in the safety of our colleagues and the care we provide to our patients. Coming forward to speak up is a courageous thing to do and I thank anyone who has or finds themselves deciding to do it. It is also the first step towards addressing challenges, whether they are linked to patient safety or our workforce. However, “Speaking Up” is just the first of three elements that make it worthwhile: listening and following up are equally as important as this report helps to highlight.*

Neil Macdonald  
Chief Executive Officer

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## A message from our Chief People Officer



*“Ensuring colleagues feel safe and supported to be able to raise concerns in the interest of patient and staff safety is vitally important. The FTSU service, including local champions, are key to this. This report sets out what this team achieved last year to strengthen our positive speaking up culture, the impact this work has had on colleagues and what we plan to do next.*

*The team has focussed on engaging with colleagues across the Trust and has made more than 2,700 outreach contacts during the year. The Speaking Up Champion Network has gone from strength to strength with more than 70 colleagues who are trained and active across the organisation representing the diversity of the organisation.*

*I would like to thank everyone who is speaking up, and to their colleagues and managers who are listening up and following up”*  
Bridget O’Kelly  
Chief People Officer

# Our priority: people are listened to, safe and supported.

*Making sure colleagues feel safe and supported to speak up and heard is just one of the ways we demonstrate this at BHT..... it underpins patient and staff safety, quality of care and improvement.*

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We CARE:

-  **Collaborate**  
together as a team
-  **Aspire**  
to be the best
-  **Respect**  
everyone, valuing each person as an individual
-  **Enable**  
people to take responsibility

# Executive Summary

The Freedom to Speak Up Guardian (FTSUG) is a designated role which provides a safe place for colleagues to raise concerns safely, without fear of detriment or blame, helping to improve the safety of our patients and colleagues. The Freedom to Speak Up Guardian is a mandatory post for all NHS Trusts in England which also reports to the National Guardian Office thereby offering a level of independence.

## **What have we focused on this year:**

- Improvement – We want to see BHT in the top performing Trusts in the National Staff Survey results for Speaking Up related questions.
- Listening and supporting colleagues to raise their concerns safely, sharing learning, highlighting risks and doing this well.
- Outreach work - Maintaining a high level of engagement, being visible and increasing accessibility to the FTSU service
- Barriers to Speaking Up and changing mindset to see concerns as a gift and the importance of psychological safety. We have focused on work with teams and individuals to address poor behaviours, poor dynamics and improving civility. All crucial for building a positive Speaking Up Culture
- Continuing to build and develop a trained network of Speaking Up Champions which reflects our workforce in areas across the Trust
- Speak Up, Listen Up and Follow Up Training
- Supporting a number of areas such as the Patient Safety Incident Reporting Framework, Managing Violence and Aggression from patients and public, Bullying and Harassment, Managing sickness and all our usual work on inductions and training programmes as well as many more.
- Policy review.

## **What has been achieved as result of our work:**

- ❖ The FTSU team at BHT has achieved more than 2,700 contacts with our colleagues Trustwide - Every contact counts as they are valuable opportunities to promote Speaking Up through educating and conversation with a view to preventing harm and minimising risk and catching concerns early preventing unnecessary escalation. “Speaking Up” fundamentally underpins Patient Safety and that of our colleagues.
- ❖ We have dealt with more than 100 concerns this year, - demonstrating we are supporting voices to be heard and supporting people to get their concerns addressed which makes a genuine contribution to patient and staff safety.
- ❖ A significant 91% of all colleagues across the Trust have completed the national online “Speak Up” module of training.
- ❖ Our performance against the People Promise – We each have a voice that counts has improved (see slide 10)
- ❖ We have continued to build and support our diverse network of trained Speaking Up Champions now with more than 70 across the Trust. (see slides 20-22)
- ❖ We held our first Speaking Up Champion “Thank You” event with guest speakers and learning opportunities and sharing of good practice.
- ❖ We have had a focus on breaking barriers to Speaking Up during and since October Speaking Up Month (see slide 26)
- ❖ We have reviewed our Trust Speaking Up Policy and adopted the new National Freedom to Speak Up Policy and all national FTSU reporting has been completed and on time.

## Executive Summary - continued

### How the Trust has demonstrated it is listening to colleagues and concerns raised:

Through triangulation of information and collaboration across different workstreams, the Trust has implemented a number of initiatives this year to help address themes that have in addition, arisen from the concerns raised. Please see the following list which is not exclusive.

- We have a “Violence and Aggression Steering Group” in place with a focus on prevention, reduction and reporting of these behaviours from patients and relatives to our colleagues delivering care. Increasing levels of violence and aggression and abuse are being seen nationally. Currently, the scope is broadening to include sexual safety and the Trust has signed up to the NHS Sexual Safety Charter and the White Ribbon campaign. Nationally, this is a growing concern via the National Guardian Office as well as the National Staff Survey (NSS) Results.
- Our policy for managing sickness absence has been revised and was launched in December 2023
- We have also recently revised and launched our Enhanced Care Policy
- Our Wellbeing Service increased its capacity to pro-actively manage stress, burnout and other psychosocial themes that our colleagues may experience and subsequent new offers have been made available to colleagues.
- The “Working Flexibly” at BHT programme was launched across the organisation.

An emerging theme is the need for a greater understanding for all colleagues on how we might improve and support strong cultural cohesion and cultural competence. The two are different and the former goes beyond the routine ED&I programmes we currently have in place. We will watch to see if this theme grows as we go forward into 2024 / 2025

This report helps us to highlight the courage and the work that by its nature is largely unseen. Importantly, it provides us with an opportunity to thank those who have Spoken Up this year, for wanting to make a positive difference. As a very small team we are proud to have been able to have sustained this level of support and activity this year despite some challenges in year.

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## Section 1: The national picture

The National Guardian Office (NGO) has been progressing with the “Freedom to Speak Up” agenda for those working in healthcare across the country and this section contains a few key messages.





Dr Jayne Chidgey-Clark  
National Guardian for the NHS

“Freedom to Speak Up Guardians supported over 25,000 cases nationally between April 1<sup>st</sup> 2022 to March 2023 that is 25,000 opportunities for learning and improvement which otherwise may not have been heard. Freedom to Speak Up guardians supported over 25,000 cases – that is 25,000 opportunities for learning and improvement which otherwise may not have been heard.”

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### TOTAL CASES



25,382 cases

were raised with  
Freedom to Speak Up Guardians  
in 2022/23

The highest number of cases recorded - 25% increase from 2021/22.

### SOURCES OF CASES

Cases raised with Freedom to Speak Up Guardians in NHS Trusts (23,392) accounted for 92.2% of cases in 2022/23.

A further 1,990 cases (7.8%) were raised in other organisation types.



### ANONYMOUS CASES

The percentage of cases which were raised anonymously has fallen to ten percent (9.3%).

This continues the downward trajectory from 2017, when 17.7% of cases were raised anonymously.



### WORKER SAFETY AND WELLBEING

One in every four cases raised (27.4%) involved an element of worker safety or wellbeing.



### INAPPROPRIATE BEHAVIOURS

30% of cases involved an element of inappropriate behaviours and attitudes.

The most reported theme in 2022/23.



### FEEDBACK

Over four-fifths (82.8%) of those who gave feedback said they would speak up again.



### QUARTER 3 HAD THE LARGEST AMOUNT OF CASES



Quarter 3 (Oct-Dec 2022) had the highest number of cases raised with Freedom to Speak Up Guardians in a single quarter (6,947), a record number of cases.

This may be as a result of the awareness raising which takes place during Speak Up Month every October.

### PROFESSIONAL GROUPS



Workers from a range of professional groups spoke up to Freedom to Speak Up Guardians.

Nurses and midwives accounted for the biggest portion (29%) of cases raised.

### BULLYING AND HARRASSMENT

22 % of cases reported included an element of bullying or harassment.

A 10-percentage point fall compared to 2021/22 - this is at least in part due to cases being reported against the new category of 'inappropriate attitudes and behaviours'



### PATIENT SAFETY AND QUALITY

19.3% of cases raised included an element of patient safety/quality, up from 18.8% in 2021/22.



### DETRIMENT

Detriment for speaking up was indicated in 3.9% of cases.

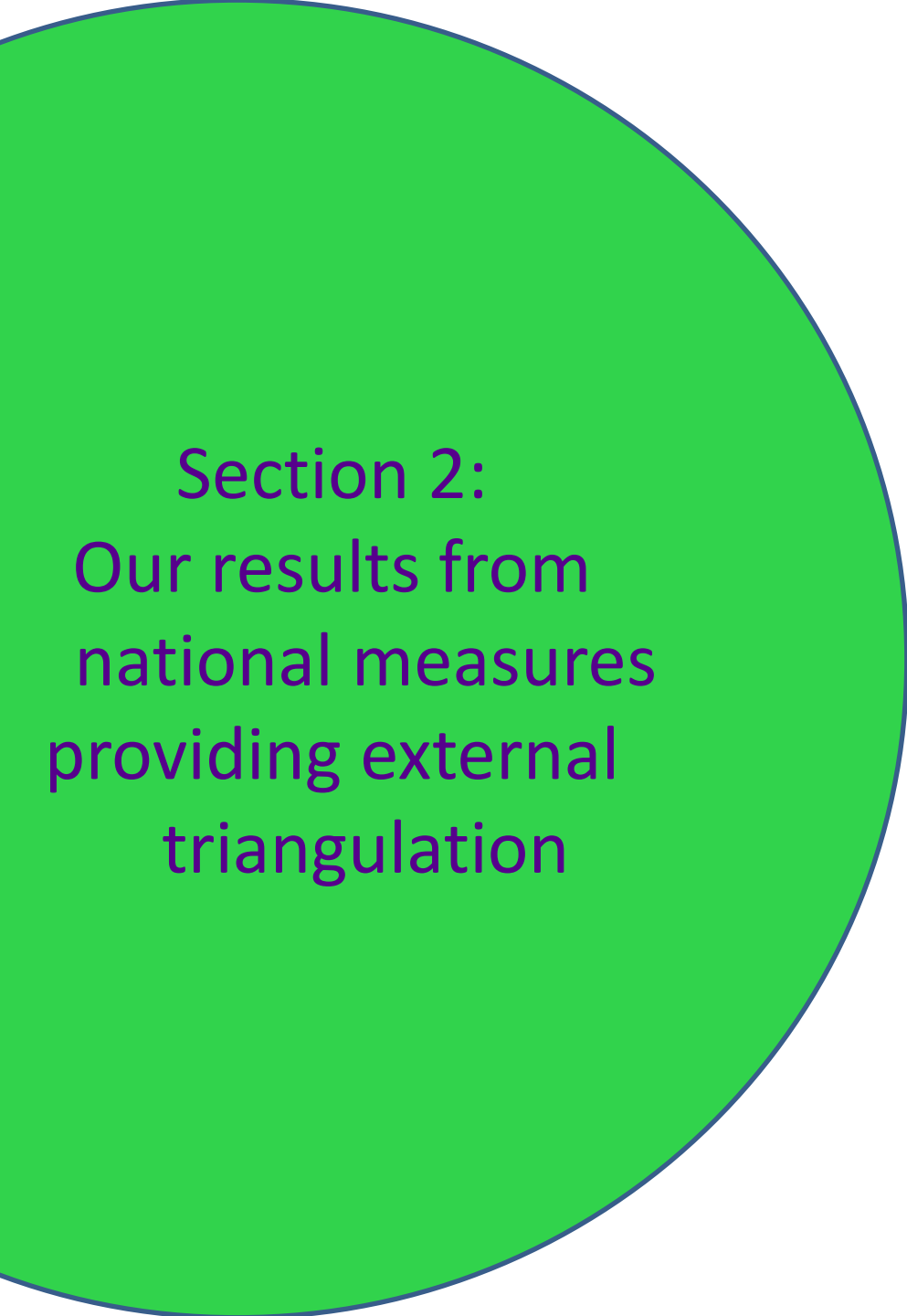
This is down from 4.3% in 2021/22 but higher than 2019/20 and 2020/21 levels.



“Fear of detriment - Levels of anonymity are to me an indicator of confidence in the FTSUG route for speaking up. The proportion of cases raised anonymously continues to fall – down to 9.3% from 17.7% when we first started collecting data in 2017. People do not reveal their identity – even to a FTSUG - when they are too fearful of the potential consequences of speaking up. The continued high-profile cases reported in the media continue this chilling effect that speaking up is not safe. Add that to feelings that speaking up is futile, and this will silence workers who may feel that speaking up is not worth the risk if nothing will be done if they do”.

Dr Jayne Chidgey Clarke

- Nearly a third of cases included an element of **inappropriate behaviours and attitudes**.
  - Over a quarter of cases included an element of **worker safety or wellbeing**.
  - Nineteen per cent of cases involved an element of **patient safety/quality** this year, up from 18.8% in 2021/22.
- Despite an improvement in levels of anonymity, detriment for speaking up remains a concern. Although there has been a drop in percentage (to 3.9%) given the rise in numbers, this equates to 1,000 cases.

A large green circle with a thin blue border, partially cut off by the left edge of the slide. It contains the text for Section 2.

**Section 2:  
Our results from  
national measures  
providing external  
triangulation**

This section contains our results and provides external triangulation from national measures for the whole of our organisation in relation to Speaking Up. This provides some helpful benchmarking to monitor our journey to achieving a positive Speaking Up culture at BHT.

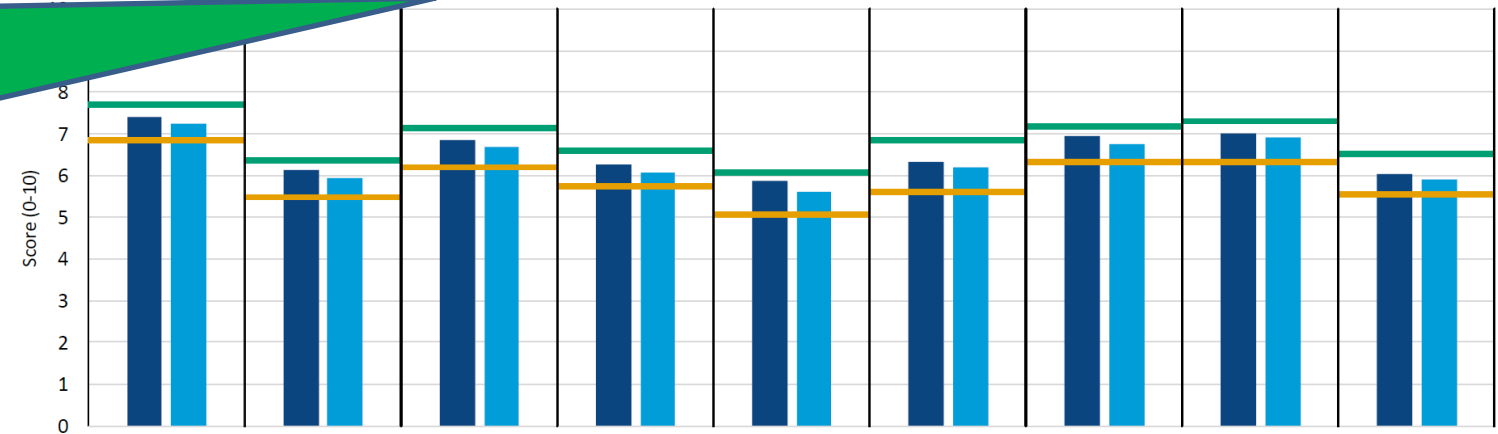
# People Promise – How did we do overall?

## People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



**People Promise**  
**“We each have a Voice that Counts”**  
 BHT achieved 6.85 only 0.31 below the best in class  
 We are Safe and Healthy scored 0.32 below best in class.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.41	6.14	6.85	6.27	5.88	6.34	6.95	7.03	6.03
Best result	7.71	6.37	7.16	6.59	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.09	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	4106	4109	4078	4084	3991	4090	4095	4113	4115

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Most Recent National Staff Survey published Results in March 2024 for the year 2023– Benchmarked Report

# People Promise – How did we do overall contd?

**People Promise**  
 “We each have a Voice that Counts”  
 BHT showing steady solid progress despite best in class showing deterioration since 2021 and post COVID

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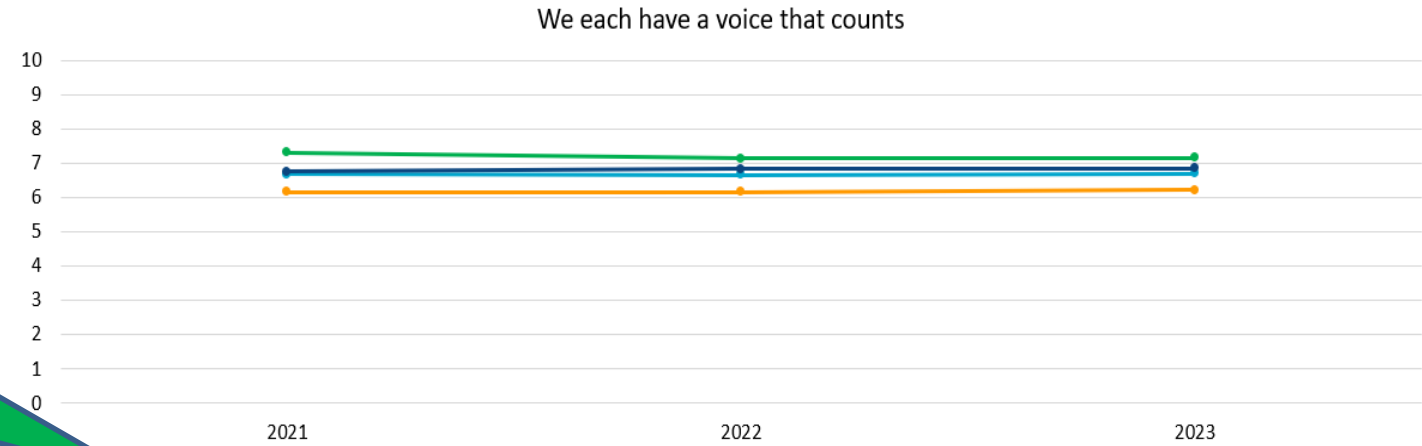
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➤ **People Promise elements and themes: Trends** Survey Coordination Centre

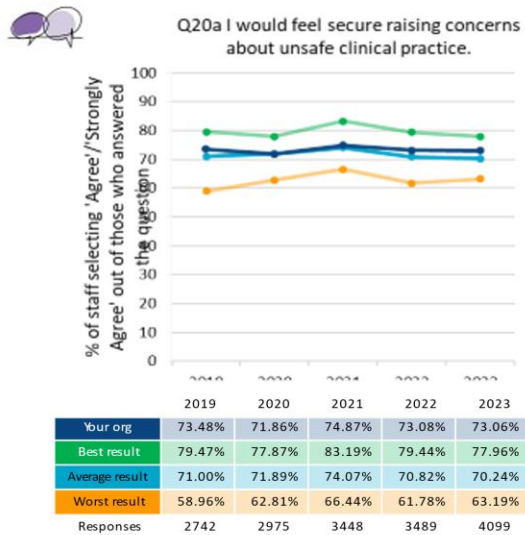
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

**Promise element 3: We each have a voice that counts**

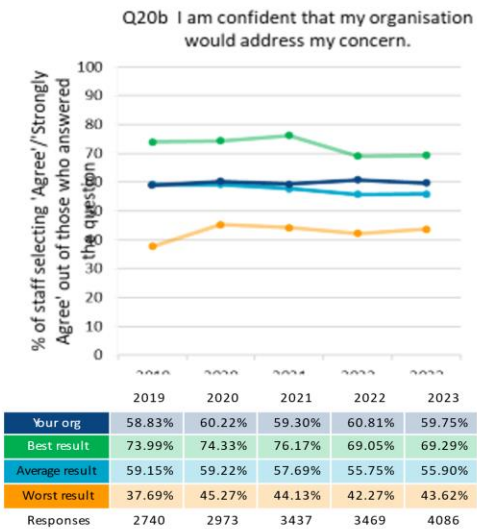


	2021	2022	2023
Your org	6.76	6.83	6.85
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21
Responses	3435	3470	4078

# National Staff Survey Results “Speaking Up” across the Trust 2023

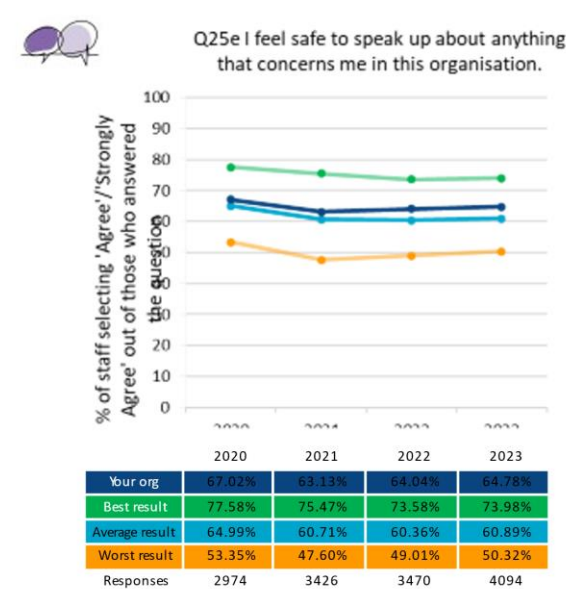


Buckinghamshire Healthcare NHS Trust Benchmark report



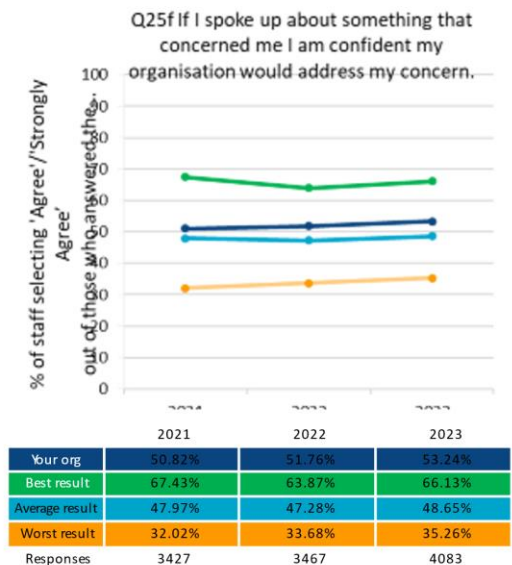
11

Our results show improvements in two of the four key questions relating to concerns with significant change for improvement in one. Scores for all questions remained significantly better than average scores for Trusts of our type (Acute and Acute/Community Trusts). In relation to raising concerns about unsafe clinical practice, there were no significant changes in responses: 73.06% of respondents said they would feel secure raising concerns, 59.75% of respondents said they were confident that my organisation would address these concerns.



Buckinghamshire Healthcare NHS Trust Benchmark report

In relation to raising concerns about anything, there was some improvement but not significant change in the response to the question asking if respondents “feel safe to speak up about anything that concerns me in this organisation” with 64.78% responding positively. There was a significant improvement to the question that “if I spoke up about something that concerned me, I am confident my organisation would address my concern”, with 53.24% responding positively.



10

## Section 3: Key areas of progress for FTSU at BHT

This section provides an overview of some of the key FTSU work undertaken over this past year. The report seeks to highlight and celebrate the work achieved but also to demonstrate where there is a need for continued Trustwide focus on our journey to have a positive Speaking Up culture. BHT aspires to be in the best performing NHS Trusts for Freedom to Speak Up because it underpins patient safety culture and provides added assurance; our aim is always to deliver high quality care to our patients.

# Local Activity Concerns Raised 2017/2024

Quarter	2017/2018 Inaugural Year Cases	2018 / 2019 Cases	2019/2020 Cases	2020/2021 Cases (Covid)	2021/2022 Cases (Covid)	2022/2023 Cases	2023/2024 Cases
Q1 Cases	3 (Start-up quarter)	20	26	32	25	17	29
Q2 Cases	10	16	19	23	27	21	23
Q3 Cases	20	22	35	35	28	25	30
Q4 Cases	13	16	17	15	27	21	24
Year Totals	46	74	97	105	107	84	106

**FTSU and SAFETY**

2017 to 2024 provides 7 years of BHT FTSU information. Across this period the concerns raised, equates to **619** opportunities to make improvement, reduce risk and keep our patients and staff safe which might otherwise have been lost if people had not spoken up.

Thank You to colleagues who spoke up.

Having 7 years of data now shows us the recurring pattern of increased numbers of concerns in Q3. This is likely to be due to increased winter pressures and the impact and added value of October Speaking Up month, where we see increased activity resulting. Totals also show a broadly consistent picture overall. This years figures show some increase on last year but within the range shown previously and increases are not always indicating something negative but can also reflect a positive increase in reporting and Speaking Up. However, as the National Guardian reminds us numbers should not be taken in isolation nor any focus reliant on numbers alone. This is why this report seeks to provide a breadth of relevant and related information. There are multiple variables, throughout the year that can influence the numbers.

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# Concerns by National Category

Quarter	Elements of patient safety / quality of care	Workers safety / wellbeing	Inappropriate behaviours or attitudes	Bullying and Harassment	Anonymous	Demeaning behaviours or attitude or detriment as a result of Speaking Up is indicated
Quarter 1	6	18	1	5	1	0
Quarter 2	5	9	8	4	0	1
Quarter 3	10	15	11	2	0	0
Quarter 4	8	14	11	8	0	0
Totals	29	56	31	19	1	1

- These are the national reporting categories required by the National Guardian Office (NGO) for 2023 to 2024. One concern may carry several elements so total numbers will not equate to total numbers of cases of concerns.
- The NGO introduced the category “worker safety/wellbeing” last year, which most concerns will carry an element of, by virtue these are concerns. See slide 8 which shows nationally 1 in 4 cases or 27.4% of all national cases raised an element of worker safety or wellbeing. Speaking Up is not without it’s own source of potential stress for people in making the decision to do it, as well as the stress and impact of the concern itself. One’s perception of one’s own safety may not be just physical, but whether they also feel psychologically safe/ unsafe, safe in their role or job security, it comes in many forms for people and in it’s absence there is an impact on personal wellbeing.
- Q3 and Q4 are during the winter period where we experience increased demand on services and colleagues.
- Nationally, low numbers of those reporting anonymously is seen as a positive, and a strong indicator of trust in the FTSU service as demonstrated in *slide 8* with Jane Chidgey-Clark, our National Guardian stating. *“Fear of detriment - Levels of anonymity are to me an indicator of confidence in the FTSUG route for speaking up”*.
- 1 case of detriment was noted during the year. This was the result of the source of the concern recording their heightened stress levels since the event about which they were concerned as detriment. After bringing their concern to the FTSU service they recorded their thanks to us for being there for them and felt their concern had definitely been taken seriously by us. The reporting definition of detriment and indeed the general interpretation of detriment differs to this. It is more usually thought of as where people indicate that they are suffering adverse treatment/disadvantageous and/or demeaning treatment as a result of speaking up.\*\*

\*\* This category is for cases where the adverse treatment is due to the act of speaking up. Disadvantageous and/or demeaning treatment as a result of speaking up may include being ostracised, given unfavourable shifts, being overlooked for promotion, or being moved from a team. It can be a deliberate act or a failure to act (i.e. an omission)

# Number of colleagues by professional group coming forward to “Speak Up” and raise concerns.

A total of 114 colleagues came forward to the Freedom to Speak Up Team during the period of 2023 to 2024. This table provides a breakdown by professional groups. Quarterly and mid-year reports have highlighted the increased numbers from groups. E.g Administrative and Clerical and latterly Additional Clinical.

Overall, across the year, the Admin and Clerical group figures are disproportionate to the general workforce figures by 7% and Allied Health professionals by 0.85% showing these groups to be slightly over represented in the numbers of concerns.

We saw an increase in the number of Admin and Clerical group concerns in relation to Organisational Changes and the development of Care groups and others were around roles and consistency of banding. The AHP numbers are triangulated through national staff survey results.

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Numbers of colleagues by Professional Groups	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Allied Health Professionals	3	1	6	1	11
Medical and Dental	4	0	2	6	12
Registered Nurses and Midwives	5	11	4	6	26
Administrative and Clerical	12	8	8	4	32
Additional Professional Scientific and Technical	0	0	1	0	1
Additional Clinical Services	4	2	6	5	17
Estates and Ancillary	0	0	0	1	1
Healthcare Scientists	0	2	0	0	2
Students	0	1	1	1	3
Not known	0	0	0	0	0
Other	7	0	2	0	9
Totals	35	25	30	24	

# Representation by ethnicity of those accessing the FTSU service

	The % of colleagues who have accessed the FTSU service this past year and identify as part of Black or Asian or minority ethnic groups	The % of those who have accessed the FTSU service and identify as White International.	The % of those who have accessed the FTSU service and identify as White British.	The % of those who have accessed the FTSU service and identify as Other	Unknown
Quarter 1 (April - June 2023)	22%	6%	49%	10%	13%
Quarter 2 (July - Sept 2023)	16%	8%	64%	4%	8%
Quarter 3 (Oct -Dec 2023)	17%	8%	70%	0%	5%
Quarter 4 (Jan – March 2024)	34%	8%	50%	0%	8%

To provide context, our BHT workforce demographic data for the same period is shown below:

- 59% White British
- 28% Black, Asian and Minority Ethnic Groups
- 9% Other

An increase of 3% in those identifying as Asian has been seen in our workforce which may be largely due to our Indian and Filipino nursing colleagues joining us from overseas.

Therefore, those colleagues accessing the FTSU service broadly reflect our workforce demographic.

We will continue to monitor this.

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# Some examples of a range of outcomes ....

## A few examples to demonstrate the range of types and outcomes resulting from Concerns raised 2023/2024

*Realising that others in their team were also feeling negatively impacted by the behaviours, attitude and approach of their current manager in the workplace, a member of that team approached us to raise concerns. We were informed that their colleagues in the team did not feel able to Speak Up because of the culture these behaviours were creating and fear of further potential repercussions from the manager. Attempts to raise this directly and locally had been attempted but were not being well received.*

Having listened to the account of the range of behaviours, examples and impact it was clear that formal action may be needed. The individual was very nervous and did not want to be identifiable to anyone else. However, we were able to explore a range of options and came up with the FTSUG approaching the senior manager to explain the situation on behalf of the person raising the concerns as a first comfortable but necessary step.

This was an example of good practice in how the senior manager received the concerns. They listened and acted very swiftly taking the relevant and necessary actions. Matters were taken very seriously and looked into promptly. They asked for the person raising concerns to be thanked and acknowledged their courage.

This situation resulted in a referral to HR for a formal investigation which sought information from the whole team. The senior manager kept very good oversight with HR and the process was handled well with good timely and appropriate feedback to the FTSUG to enable assurance to our colleague that their concerns were being taken seriously by senior management. The outcome was that the manager is no longer working at BHT.

The team feel better and feel more productive, empowered and able to Speak Up. The person raising the concerns had the courage to start a conversation that really mattered and feedback they felt safe throughout the process.

***Speaking Up to a FTSUG can make a big difference and stop poor behaviours in the workplace, we do listen and we take colleague concerns seriously, it can help to improve wellbeing, productivity and relations.***

A colleague came to us as they were feeling targeted by their manager and not supported to learn their role fully and be competent and a useful member of their team. This was making them feel anxious about coming to work.

The individual was initially quite apprehensive about speaking with anyone as feared the situation might worsen for them. Following discussion about the way forward there was agreement for us to address the issues with them and their manager's manager, who was very warm and compassionate with the individual. This was really reassuring for them and helped them feel confident raising concerns. The individual was able to give valuable insight into the team and culture in their area that the manager's manager could address and take positive supportive action. Now progressing and developing well, they feel excited to come to work and have a good relationship with those around them and feel confident that they can ask for help.

***Speaking Up can bring insight to behaviours unintended or otherwise and how they make our colleagues feel .***

*We heard a concern that the culture in a team was unhealthy and causing the exclusion of some individuals, leading to people not wanting to come to work and a lack of cohesion in the team*

We supported the individual to feed this back to their manager's manager as they felt their direct manager was part of the reason people were not feeling included. The person we fed back to was very receptive and appreciative, looking at the information as a gift and saw it as an opportunity to make change and improve the situation for colleagues. An example of good practice.

A plan was made to support the manager with improving team culture. Despite feeling initially quite anxious about raising it, the person fed back that they felt supported throughout the process and were relieved by the responses received. The team is demonstrating improvement and development, thanks to the individual who spoke up who has brought about beneficial changes for her colleagues too.

***Speaking Up can make a difference to how people feel and the ways teams work.***

*A concern was raised regarding the lack of timely management of patient related documentation over a period of time by a clinical colleague. This was identified as having / potentially having, an impact on the processing of timely information to patients.*

The FTSUG met with the relevant Care Group senior clinical colleague with consent who addressed this promptly and directly with the clinician. Having checked for any mitigating reasons, a plan of immediate action to address this was put into place and it was made clear that the position on this matter would not be tolerated going forward. Checks to date shows no reoccurrence. **Speaking Up for Patient Safety.**

A colleague came to us who was concerned about some comments and behaviours from a senior manager when they tried to give feedback about an issue.

The colleague had some concerns about the lack of professionalism they had noticed and how they didn't feel listened to when speaking up. They wanted to feed this back and some learning and improvement to take place. We discussed several options and it was clear the colleague was comfortable progressing the concerns with someone senior themselves, having had some support from us. When following up with the individual after they had the conversation they were grateful for our support, felt listened to by us and the more senior colleague and felt their feedback was valued and would be acted upon. They also had learning to help the next time.

***Empowering people to Speak Up themselves.***



## Leading the way .....

91% of BHT colleagues have now completed the “Speak Up” module of the national training.

We were one of the early Trusts to make the Speak Up module mandatory for all colleagues sending a clear message to the organisation about the importance of Speaking Up and our commitment to Patient Safety.

This is a significant achievement with a workforce of just over 7000

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# Impact of Freedom to Speak Up Champions (FTSU)

Over half of our Champions joined us in September at our first celebration event, to thank them for their support and offer networking development opportunities

FTSU Champions have had a big impact on our work over the past year, we now have more than **70 trained** across the Trust. Our FTSU Champions undertake this role on a voluntary basis.

26% of our new concerns this past year were signposted or referred by a BHT FTSU Champion.

Champions approach us for support in how to improve their Speaking Up Culture, with supportive leaders taking this back to their teams to help break down barriers.

Three Champions participated in filmed interviews with our team to talk about why they became a Champion and notable experiences at our "Thank You" event

During October Speaking Up Month, our Champions were green, held green lunches, helped on promotional stands and promoted the month of activities to their local teams and talked barriers.



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# FTSU Champions Demographics

## Champions

18% males,  
85% female,  
0% non-binary  
2.9% not declared



## BHT Workforce

21% male  
79% female  
(\*\*Non-binary and not  
declared not specified)

*\*\*Where no BHT workforce data is shown it has not been published*

## Champions

15% carers



## Champions

15% with a disability  
2% not declared\*



## BHT Workforce

5% with a disability  
7% not declared

## Champions

21% Asian  
9% Black  
2% Mixed  
9% Other  
64% White  
7% Not declared\*



## BHT Workforce

20% Asian  
6% Black  
2% Mixed  
9% Other  
59% White  
3% Not declared

Our Champions are now spread across the Trust and we continue to grow and develop the network. Having Speaking Up Champions is important in helping to provide a more local point of contact for everyone. Our colleagues are from a diverse range of roles including clinical, medical and non clinical and are across our Community and Acute teams. They reflect a wide range of roles of different seniorities and the network reflects the full range of protected characteristics such as; disability, race, religion or belief, sex, and sexual orientation. This is really important in helping people to Speak Up, when barriers exist. Recognising that Speaking Up to someone who looks like oneself, or who one can relate to, perhaps through similar work/life challenges or experiences, physical or otherwise are helpful enablers. Our aim is to reduce barriers, encouraging colleagues to come forward and seek support from a local Champion. We see it as key, that our network of Champions strongly reflects our workforce demographic data. 15% of our Champions are also carers signalling another level of commitment from our colleagues to patient and staff safety and to this important agenda.


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# Evaluations of FTSU Champion Training 23/24

Question asked of the participant to rate	Strongly Agree	Agree	Neutral	Disagree
The aims of the training were clearly defined	30	2		
The content was well structured and easy to follow	29	3		
Participation and interaction were encouraged	30	2		
I feel more confident for colleagues to approach me with their concerns	27	5		
I am happy that I have a better understanding of the role of the FTSU champion	29	3		
I feel happy that I understand what this role is and what it is not	28	4		
I have a clear understanding of the importance of Confidentiality and Consent	30	2		
I know how and where to signpost my colleagues	28	3	1	
I would recommend my colleagues to consider becoming champions	28	4		
It was good to meet members of the FTSU team	31	1		
I felt able to speak up and ask questions	30	2		

**Overall participants rated their learning experience as follows:** 

Excellent = 31 (of 32)

Good = 1


Average = 0

Poor = 0

## Feedback from participants

- Have been wanting to attend this for some time and it did not disappoint, thanks
- Felt very confident to speak, nice atmosphere
- Great session, very interesting and empowering, thank you
- Fabulous training, very informative and easy to understand. Knowing the team is there makes having a concern less stressful as you know you can speak to someone freely.
- Clear and easy to understand. Has really built my confidence. Also felt well supported.
- Gave me a good clear understanding of the SU Champion
- Really insightful session. Thank you
- Really nice ladies and well presented, felt able to say anything thank you
- Friendly, informative and clear, thank you very much
- The training was amazing thank you
- It was really helpful and everything was incredibly clear
- Very good, informative training, feeling more confident about the champion role now thank you
- Fantastic presentation
- A five minute break in between please
- Very enjoyable and informative
- Being the point of contact and sign posting to the right department, a listening ear for my colleagues
- Reassurance that we don't have to deal with things and mostly signpost.





**When someone speaks up, it is important we listen up.**



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**# SPEAK UP LISTEN UP FOLLOW UP**

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# Barriers to Speaking Up?

*“The silence of missing voices is a quote which has been much on my mind this year and is from Megan Reitz from Ashridge Business School, “The silence of missing voices costs careers, relationships and lives”.*

*“Because for all the people who feel they can speak up, whether to their line manager, patient safety team, or their Freedom to Speak Up Guardian, I am concerned for those who still feel they cannot – that speaking up is not worth the risk”.*

*Jane Chidgey-Clark, National Guardian.*

Nationally, two barriers have been identified as being the biggest inhibitors to people Speaking Up and these are fear of detriment and also futility. The FTSU team wanted to know which of these was the bigger barrier at BHT and to try to gain a more quantifiable picture locally. This was new work and so there was no local BOB wide approach or national template or way to do this.

So in April of 2023, the FTSU team decided to undertake a new and different piece of work to find out. Via the National Quarterly Pulse Survey (NQPS), we were provided with an opportunity to include two specific questions relating to these barriers using tried and tested questions from the national set and the following slide shows the results. These are by the previous Divisions not Care Groups.

The team proactively promoted the survey and these two questions via their outreach work and the response rate was the highest for a quarterly pulse survey of 17%. As this work was new there was interest from our BOB FTSUG colleagues in our partner NHS Trust organisations when the concept and activity was shared. The overall results follow.

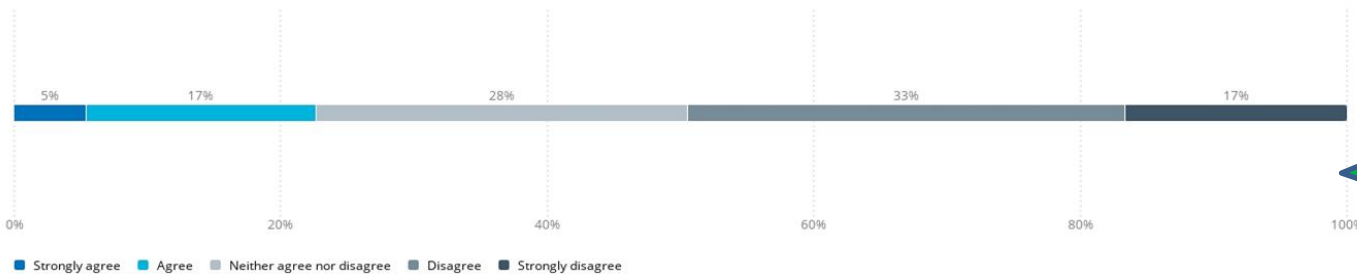
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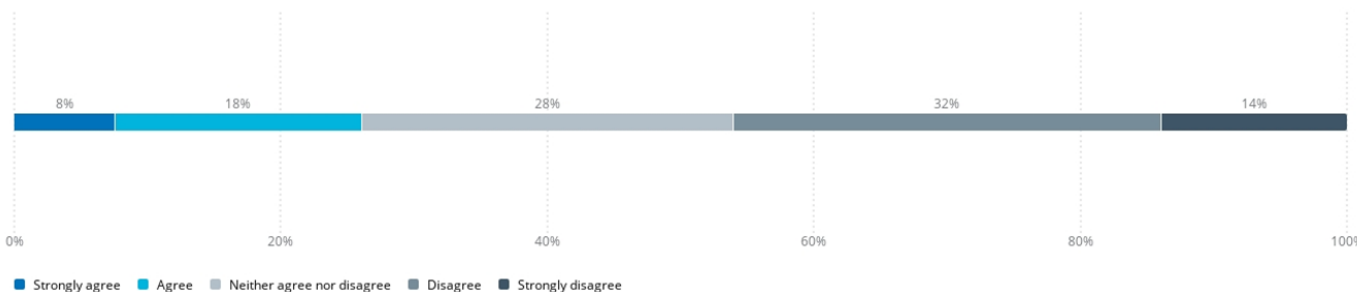
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# NQPS 2023 results for Barriers to Speaking Up at BHT

To what extent do you agree or disagree with the following statement : The reason why I may choose not to speak up about unsafe clinical practice is because I believe there may be negative consequences to speaking up. 1,088



To what extent do you agree or disagree with the following statement : The reason why I may choose not to speak up about unsafe clinical practice is because I believe nothing will change. 1,088



Of the 1098 colleagues who responded to these two questions in Spring 2023, 22% confirmed fear of detriment was a potential barrier to Speaking Up about clinical concerns, 50% confirmed it wasn't and 28% remained neutral.

Of the 1088 sample who responded about futility, 26% confirmed they may not Speak Up about unsafe clinical practice because they believe nothing will change. 46% confirmed it wasn't a barrier and 28% remained neutral. *(i.e. No view or possibly because they have had no experience of Speaking Up or needing to.)*

Therefore futility was found to be the bigger barrier from this exercise in 2023. Subsequent work was undertaken to report these results widely and to raise awareness where appropriate. The need for managers to whom concerns are taken or raised to, to support concerns being addressed; has been widely discussed as opportunities have presented across the Trust and through October Speaking Up Month which had a key national campaign in 2023 on Breaking Barriers.

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We have since had the opportunity to repeat the exercise in 2024. Results will be reported in the Quarter 1 report but cannot be directly compared because of the change from Divisions to Care Groups. The response sample was also smaller at around 740 colleagues and both questions showed 23% confirmed them as potential barriers which is slightly down by 3% on futility .



# October Speaking Up Month 2023

Let's break down the barriers of fear and futility and make speaking up business as usual.

BRINGING BARRIERS

Freedom to Speak Up

The National Guardian Office selected “Barriers to Speaking Up” as the national theme for October Speaking Up month. At BHT we developed a month long programme of activities which included introducing “TED” who went out and about with “Talk to Ted” opportunities seeking colleagues to find out more about colleagues views about barriers to Speaking Up. Conversations were useful and informative and also offered the FTSU team the opportunity to raise awareness of the service and



provide presentations and information. A range of stands were put in place cross the Trust and we gave a lot of support to the national staff survey highlighting the importance of answering the “Speak Up” questions to tell us more...Our Speaking Up Champions were also promoting the key messages locally in their teams and areas and making Green Food in support and raising money for charity too!

- In addition, our then new Non Executive Director and designated lead for FTSU introduced herself and presented some ideas and thoughts at a Leadership briefing to support the campaign.
- Our Executive and Non Executives joined in our “Wear or Eat Something Green Day” with a group photograph at Trust Board
- We presented and shared the results of our Pulse Survey seeking views of colleagues about barriers such as fear of detriment and futility.
- We delivered a Trustwide Reflect and Review Session telling the story of our Speaking Up journey since 2017 and the progress we have made and the areas we still need to work on.
- We supported the National Guardian Office Speaking Up Poetry submissions about Speaking Up.
- We ran a competition to get everyone in the Christmas spirit by asking people to make a Christmas Speak Up Stocking and people could get as creative as they liked by knitting crocheting, sewing or an upcycled, recycled sustainable version!
- We offered a Speak Up about fraud and bribery presentation and opportunity for discussion
- We supported World Mental Health Day.

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# What else has Freedom to Speak been doing this year?

The new National Policy for Speaking Up adopted in January 2024

Trust Board received a presentation on the new National Board Guidance for Speaking Up, highlighting Executive and Non – Executive roles and responsibilities in May 2023

A gap analysis was undertaken in response to the 5 requirements to check back on Freedom to Speak Up arrangements in every NHS Trust sent out by NHSE to all Trusts following the trial of the neonatal nurse Lucy Letby

We held our 1st Speaking Up Champion “Thank You” event in September 2023 which was well attended and received very positive feedback. The National Guardian, our Chief Executive and Chief People Officer all attended. Attendees said they felt valued, informed and appreciated an opportunity to network.

We introduced Freedom to Speak Up into the induction for all our newly recruited international Nurses as a result of the above gap analysis adding to the inductions already participate in.

The introduction of the New Patient Safety Incident Reporting Framework has brought new emphasis to the importance of being able to Speak Up as part of incident reporting and learning and the FTSU team have been supporting on this aspect

At Leadership brief this year .... an individual shared their experience of Speaking Up elsewhere, sharing what makes a positive and a negative experience and the importance and benefit of doing the right thing, our new NED, Nicola has spoken about FTSU, the Annual Report has been shared from last year and October Speaking Up Month and a presentation on barriers to Speaking Up has also featured.

We reviewed, developed and launched new FTSU service leaflets and developed more information for our intranet Freedom to Speak Up pages making the leaflet also available there too.

Violence and aggression from patients / relatives to colleagues has been an area we have been highlighting. Increases are seen at a national level. The BHT Violence and Aggression Steering group is looking at ways to help reduce this going forward amongst other ways to raise awareness.

We also attend and provide input to a number of Trust groups, committees, networks and collaborate both internally and externally networking with other FTSUGs

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# Satisfaction Survey



Buckinghamshire Healthcare  
NHS Trust

Our FTSU service satisfaction survey is sent out to those raising concerns once cases are closed. It contains some required questions as well as some of our own as we wish to seek feedback in the interest of improving the service. Responses are anonymous and voluntary and this year have increased to represent just under a quarter of our sample population. We have given this some focus over the past year and will continue to do so to try to boost numbers of responses. Despite this, it provides a sense of satisfaction by recent service users.

Of the 22% colleagues who kindly responded to our request for feedback on satisfaction with the Freedom to Speak Up service/team they had received:

- **100%** said they felt listened to by the Freedom to Speak Up Guardian *(Maintained from previous year)*
  - **100%** said they found the Freedom to Speak Up Guardian (FTSUG) helpful *(Improved on 96% last year)*
  - **96%** said they felt safe in the way the FTSUG handled their concern, one person responded to some degree explaining their response was to do with their local management response which had left them questioning did they know or not, we were able to confirm and provide assurance that the management had not heard from US. *(No Change from last year, one person)*
  - **96%** said yes - given their experience, they would speak up again. *(No Change from last year, one person)*
  - **96%** of service users responding said yes, or, yes they would definitely (the latter being the majority)
- OUTSTANDING CARE** recommend a colleague to the service to Speak Up. The one negative response was explained as being due to the lack of local resulting change in their workplace by the managers, however, this was looked into by the managers based on the information provided.

*(No Change from last year, one person)*

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# A few quotes from users of the BHT Freedom to Speak Up Service

The Freedom to Speak Up Guardian was very pro-active, and easy to talk to. I would not hesitate to use this service again in the future.

The Freedom to Speak Up Guardian was amazing, she had all the answers to everything I asked and was extremely helpful and kind in her manner and her knowledge.

Very good response by the FTSU guardian. Skilled. Immediately grasped the situation. Helped me to see the gains that had come from me speaking up previously. Helped me access psychological support with dealing with the aftermath of the previous issue (elsewhere). I spoke with Neil Macdonald CEO about the issue, and had a very positive meeting, which also really helped set the matter to rest. Both gave me confidence to promote speaking up within BHT.

The Freedom to Speak Up Guardian was delightful - calm and supportive. It felt good to share what had happened with someone outside of the department where I work.

Just a massive thank you to the Guardians as it is a tough position to be coming up with solutions it requires a lot of resourceful and diplomatic thinking.

The FTSUG was extremely professional and efficient, listening and allowing me time to explain my situation. She suggested action to take and followed up to make sure I had received responses back - I felt relief and finally that someone was listening to me and my concerns.

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**When leadership follow up this promotes a culture where everyone has a voice.**



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***# SPEAK UP LISTEN UP FOLLOW UP***

***MAKE YOUR #SPEAKUPLEDGE***



# Conclusion and Next Steps

We want to have a strong robust positive Speaking Up culture at BHT because we know that reflects a strong patient and staff safety culture, a strong psychological safety across the organisation and we know there is a direct correlation between teams who have a positive Speaking Up culture and those who have a positive learning culture. So it makes sense to prioritise and support Speaking Up.

Here at BHT we aspire to reach the best in class in our NSS results to help us triangulate that we have achieved that. However, to do that everyone must play their part. The NSS results demonstrate findings from the experiences of those Speaking Up to others across the Trust and are not just a reflection of the experiences of those coming forward to the FTSU team. Our NSS results are telling us year on year that there is a less than satisfactory response in regards to futility and this is a Trust wide issue which is largely out with the gift of the FTSU team to uniformly influence. We look to the education of managers, supervisors and our leaders at all levels to help raise awareness of this.

This report highlights areas of progress we can celebrate and it also shows those areas where we still have work to do to really strengthen that positive Speaking Up culture consistently across the Trust. We have shown in last years data and even with this years data, it is clear we still have barriers which are not insignificant around the fear of futility and detriment. Therefore, this year to help address some of the above the FTSU team will, in addition to dealing with concerns raised; give focus to the following into 2024 -2025:-

- We will review the FTSU procedure which sits under the policy to include a much clearer message about detriment and expectations of those who receive concerns to take action and we will strengthen our pathway to involve our current designated Non Executive Director to support with this, ratification by the end of January 2025
- We are already looking in depth at data from our most recent NSS results in a different way to look for helpful patterns to help triangulate and highlight areas which have barriers to Speaking Up with potential associated causes, with a view to offer support and help to address. This work dovetails with and will support the Breakthrough objective to decrease bullying and harassment too . March 31<sup>st</sup> 2025
- We will continue to develop and increase our network of Speaking Up champions until we have one in every area / team Trustwide, which this year will move to a more targeted approach to recruitment in the areas we still don't have one. Care Group Changes have impacted on some Champions areas but it is minimal. Ongoing
- We will continue to receive concerns of sexual safety as we always have but will be working to support the new initiatives around Speaking Up about sexual Safety as for PSIRF and promoting these initiatives. By March 31<sup>st</sup> 2025
- We are committed to participating in our Breakthrough Objective on decreasing Bullying and Harassment which is a welcome focus and will support on insight and intervention workstreams. This will be ongoing as the programme develops and extends over the two years.
- **OUTSTANDING CARE** We will revisit the National Trust Board Guidance, Board self-assessment tool and the improvement plan by the end of Dec 2024 these must be in place.
- **HEALTHY COMMUNITIES** We will monitor our emerging theme around the need for support to build and strengthen cultural cohesion as we move into 2024/2025.